MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

−63-017414

STATE FILE NUMBER

Registration District No. **818**   Primary Registration District No. **1003**   Registrar's No. **4436**

FILED MAY 3 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: **St. Louis**   Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): **Homer G. Phillips**   Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri**   COUNTY

c. CITY OR TOWN: **St. Louis**   Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): **3724 Cook**   Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) — First: **Harry**   Middle: Last: **Branch**

4. DATE OF DEATH — Month **4**   Day **18**   Year **63**

5. SEX Male   **6. COLOR OR RACE** Negro   **7.** Married ☐   Never Married ☐   Widowed ☒   Divorced ☐

8. DATE OF BIRTH 8/14/99   **9. AGE (last birthday)** 63   IF UNDER 1 YEAR: Months / Days   IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Laborer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): **Unk. – Alabama**

12. CITIZEN OF WHAT COUNTRY: **USA**

13a. FATHER'S NAME: **Unavailable**

13b. MOTHER'S MAIDEN NAME: **Unavailable**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): **No**

16. SOCIAL SECURITY NO.

17. INFORMANT   Address: **Annie Williams, 3724 Cook Avenue**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Bronchopneumonia**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Hypostasis**

DUE TO (c) **491 X H**

INTERVAL BETWEEN ONSET AND DEATH: **Undet.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): **Probable Carcinoma of Prostate**

PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes   ☐ No   ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐   SUICIDE ☐   HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.   Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐   NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION   COUNTY   STATE

21. I attended the deceased from **3-18-63** to **4-18-63** and last saw him alive on **4-18-63**

Death occurred at **3:30** P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS: **2601 N. Whittier**

22c. DATE SIGNED: **4-19-63**

23a. BURIAL, CREMATION, REMOVAL (Specify): **Removal**

23b. DATE: **4/24/63**

23c. NAME OF CEMETERY OR CREMATORY: **Washington Park Cemetery**

23d. LOCATION (City, town, or county): **Berkeley City, Mo.**

24. FUNERAL DIRECTOR ADDRESS: **Atkins Bros., Und. Co., 3644 Finney Ave.**

25. DATE RECD. BY LOCAL REG.: **APR 22 1963**

26. REGISTRAR'S SIGNATURE: **Karl Smith, M.D.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____ *John K Cunningham*
          Signature of Student Embalmer

Licensed Embalmer No.____ **4276**

P. O. Address **2405 Marcus Avenue**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.